

County Permit # _____ Expires: _____	<h2 style="margin: 0;">ONEIDA COUNTY SANITARY PERMIT APPLICATION</h2>	Oneida County P.O. Box 400 Rhineland, WI 54501-0400								
Attach complete plans for the system on paper not less than 8-1/2 x 11 inches in size.										
<b>I. Application Information – Please Print all Information</b>		<b>Location:</b>								
Property Owner Name		Property Location  <div style="text-align: center;">             1/4    1/4, S    , T    N, R    E           </div>								
Property Owner's Mailing Address		Lot Number                      Block Number								
City, State	Zip	Phone Number  (        )								
<b>II Type of Building: (check one)</b> <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms: _____ <input type="checkbox"/> Public/Commercial (describe use): _____ <input type="checkbox"/> State-owned		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of								
<b>III Type of Permit:</b> (Check only one box on line A. Check box on line B if applicable)		Nearest Road								
<b>A)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Reconnection to existing structure         </td> <td style="width: 20%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Non-plumbing sanitary system         </td> <td style="width: 20%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Physical or chemical restoration         </td> <td style="width: 20%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Repair         </td> <td style="width: 20%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other         </td> </tr> </table>	<input type="checkbox"/> Reconnection to existing structure	<input type="checkbox"/> Non-plumbing sanitary system	<input type="checkbox"/> Physical or chemical restoration	<input type="checkbox"/> Repair	<input type="checkbox"/> Other	Parcel Tax Number(s)			
<input type="checkbox"/> Reconnection to existing structure	<input type="checkbox"/> Non-plumbing sanitary system	<input type="checkbox"/> Physical or chemical restoration	<input type="checkbox"/> Repair	<input type="checkbox"/> Other						
<b>B)</b>	<input type="checkbox"/> A Sanitary Permit was previously issued	Permit Number                      Date Issued								
<b>IV. Type of Non-Plumbing Sanitary System:</b> (Check all that apply) <input type="checkbox"/> Privy <input type="checkbox"/> Composting toilet <input type="checkbox"/> Other <input type="checkbox"/> Pit <input type="checkbox"/> Incinerating toilet <input type="checkbox"/> Vault										
<b>V Dispersal/Treatment Area Information:</b>										
1. Design Flow (gpd)	2. Dispersal Area Required	3. Dispersal Area Proposed	4. Soil Application Rate (Gals./day/sq. ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation				
<b>VI Tank Information</b>										
Capacity in Gallons		Total Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic	
New Tanks	Existing Tanks									
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VII Responsibility Statement I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.</b>										
Owner's Name (print)			Owner's signature							
Plumber's Name (print)			Plumber's Signature (no stamps):			MP/MPRS No.	Business Phone Number			
Plumber's Address (Street, City, State, Zip Code)										
<b>VIII County/Department Use Only</b>										
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No stamps)						
<b>IX. Conditions of Approval /Reasons for Disapproval:</b>										
<b>Receipt No.</b> _____										
<b>Contents of non-plumbing sanitary system shall be disposed of in accordance with Wis. NR 113 and NR 114</b>										